Maternal Child Health QI Workgroup
September 13, 2013 – James B. Henry Center
Meeting Summary

Attendance: Representatives from Medicaid Health Plans, Michigan Department of Community Health (MDCH), Local Health Departments (LHD), and the Institute for Health Policy (IHP) were in attendance in person and via conference call.

Topic	*Discussion*
Welcome and Introductions	Suzette Burkitt-Wesolek, Project Manager QI Programs, Institute for Health Policy (IHP), called the meeting to order.
Medicaid and CSHCS Updates	Kathleen Stiffler provided a MIChild Update. By October 1, 2013, all MIChild beneficiaries will be transitioned from BCBSM to current MIChild plans. CMS guidelines mandate that there be two plans in every county for beneficiaries to choose from, however, the State has applied for a waiver to allow only one health plan for rural counties and is awaiting a final decision. Health Plans will receive a special rate (45% higher than Medicaid) if they are approved for CSHCS. MI Child Dental default carrier will be Delta Dental or Golden Dental if in SE MI. Pharmacies will be carved out separately. These pharmacies will have their own rate if approved for CSHCS. Medicaid expansion is scheduled to happen 3-1-14. At this point there are more questions than answers. At this time there is no transportation allowed for MI Child clients. CSHCS does have transportation allowed. K. Stiffler announced changes to the MCH meetings. The meetings will be held at MPHI in 2014. The next meeting is for Medicaid Health Plan Maternal Child Staff only. However, she stressed not to wait for these large group opportunities, and encouraged attendees to collaborate on their own. We're not sure when CSHCS group will meet again but we will let you know. Lonnie Barnett provided a CSHCS update and began by thanking the MCH workgroup for the opportunity allow CSHCS to attend and for all to discuss issues with this transition. The epilepsy grant was approved. There is no word back yet on the autism spectrum disorder grant being successful or unsuccessful. CSHCS Medicaid Managed Care Stakeholder groups were formed last spring. They do meet on a monthly basis and discuss topics such as home based therapies, pharmacy, durable medical equipment and the focus now is trying to get more parents on board. There is a comprehensive program assessment underway within the CSHCS division to evaluate major changes within CSHCS regarding lifetime caps and changes between fee for service and managed care. MDCH will contract with an outside entity to do this.

Maternal Child Health QI Workgroup
September 13, 2013 – James B. Henry Center
Meeting Summary

Topic	*Discussion*
Medicaid and CSHCS Updates continued	The four components of that assessment are: 1. Review of CSHCS division roles and responsibilities to these changes. 2. Review of CSHCS in local health departments (FY2014) – how their work has changed. 3. Family input – reach out to families with how their needs have changed – how program changes have impacted them. 4. Data analysis – increased performance metrics for staff and local health departments to be put in accreditation tools for 2014. **Please** keep this in mind that the family phone line is for families only – not for health plans or health departments or agencies or providers.
Other Insurance	Kathy Stiffler and Theresa Landfair discussed other insurance questions from the last meeting. Issues/questions: Families enrolled in Medicaid Health Plan and then find out they are also enrolled in insurance, they are then switched over to Fee for Service and families don't know when that occurs. Families are not being notified. Answer: If the other insurance is a private HMO insurance, they are disenrolled from the health plan. The family should be informed that this is happening and if they are not, this needs to be brought to the attention of Theresa. Most often, MDCH is notified by the family themselves. If there is a continuity of care problem Contact Theresa Landfair by e-mail at landfairt@michigan.gov or by phone at (517) 335-9215. Please let her know if you have a specific issue. The child can have a major medical and if it is not HMO coverage, they can still remain in the health plan. If a child is enrolled in MIChild, they can't have a comprehensive health insurance and remain enrolled in MIChild. Let Theresa know if this is happening. Issue/question: Several families mention they had insurance when they called enrollments, but if this couldn't be verified, they were put into a health plan anyway – do they let TPL know? Answer: If they get a service request, MIEnrolls doesn't verify, but does contact TPL if they are told there is other insurance. This process is more difficult if the other insurance is out of state. There are a lot of gaps – lots of nuances here as to who gets information and when. There is another OI code in CHAMPS – Code 89. 90 and above. Medicare – is under other commercial insurances. Some LHDs can get on CHAMPS to verify and others can't. If you find a backlog is happening in TPL longer than two or three weeks feel free to contact Theresa and she can contact them.

Maternal Child Health QI Workgroup
September 13, 2013 – James B. Henry Center
Meeting Summary

Topic	*Discussion*
Other Issues	1. Medical Renewal – who is handling this? At what point in time? It is critical that medical is being obtained for all medical diagnoses. Approximately three months before - a copy of the report and a new medical is needed. A letter is sent out to the family. MHPs have been doing this, however, it's not always happening. There is no firm recommendation for this step. Once the letter goes out, it is the LHD's responsibility but duplication is not wanted so these must be coordinated between the health plans and the LHD. Bimonthly meetings with health plans start tomorrow – clarify only one needed diagnosis or all of them and process. Health plans should be doing renewals with coordination if LHD doesn't know if this has begun or not. HealthPlus and Total Health and one of their health departments are utilizing the link resources and its working well. The State will sort this out and make a general plan for those who haven't developed a process for renewal. When LHDs get a renewal, make sure they call the Health Plan first to see if they've started renewals before the LHD initiates something that's already initiated. 2. LHDs are having a problem getting the medical – MHPs aren't having an easy time getting these either. Release of information is required. Is there a standard for how long the release is good for – supposed to be specific. MHPs don't always know who the specialist is for CSHCS – the report only includes diagnosis, not the specialist name and if they haven't been seen in a while, this information isn't even in claims. Many health plans will reach out to all new CSHCS members to gather information. Another issue is that some NICU's won't do the medical until the day of discharge and then it can take months to get. Nina – CSHCS will backdate up to 6 months but sometimes the diagnosis drops off. One resolution would be as Meridian does – they request medical for everyone, not just CSHCS so they have a large pool of info. Priority and health departments are working well together. More discussion at next meeting. 3. Kathy reported that EZ link and Provider link are now available and can be used by MHP/LHD to share information. Kathy will discuss this at the Health Plan staff meeting and get a game plan regarding this. The State has also considered doing a webinar for training. 4. When eligibility is denied, who calls? If person is Medicaid the person will still be covered. If the child loses Medicaid, who tells the family. The family will received a letter from MDCH regarding what will be covered and what was denied. People were told to go to the database rather than the report for current information.

Maternal Child Health QI Workgroup
September 13, 2013 – James B. Henry Center
Meeting Summary

Topic	*Discussion*
Other Issues cont'd.	5. Transportation Transportation is a very different issue for CSHCS than everyone else. This has been a real learning experience for everyone over the last year. These transportation issues have been very difficult because their needs are very different than Medicaid. Health Plans can't use distance of travel for authorization. This is the responsibility of the health plans. MDCH has significantly modified the transportation contract for MHPs this year. The rates were built to offer a much better transportation incentive. The health plans are expected to reimburse mileage 6. Children on straight Medicaid. LHDs are noticing that children are continuing to stay on Medicaid after eligibility has ended. If this problem continues MDCH needs to know to figure out how this is happening. 7. Therapies – this is one of the most difficult issues. Sometimes policy and practice are very different with many exceptions being made for this population but not written. Habilitative services are NOT covered for the pediatric population. Rehabilitative services MAY be covered. A number of case studies have been submitted by health plans to decide whether or not this is covered. Intermediate School Districts may be involved in these case studies. ISDs are not required to provide therapies. When discussing case studies with ISD be careful not to say that school districts aren't ever responsible. ISD is responsible for educational goals and not necessarily medical goals. Are Children's hospitals being asked to submit case studies?
Next Meeting	The next Maternal Child Health Workgroup meeting is for the Medicaid Health Plans only and will be held at the University Club in Lansing, MI. • Monday, December 9, 2013